

CLAIMS ONLY						Application Number <b>101644045</b>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								
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49								
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Total Indep	2							
Total Depend	16							
Total Claims	18							